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CONFIRMATION NO. 5097

<b>SERIAL NUMBER</b> 10/731,316	<b>FILING OR 371(c) DATE</b> 12/08/2003 <b>RULE</b>	<b>CLASS</b> 436	<b>GROUP ART UNIT</b> 1743	<b>ATTORNEY DOCKET NO.</b> P140US01
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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This appln claims benefit of 60/435,601 12/20/2002

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

**\*\* 03/10/2004**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <input type="checkbox"/> yes <input checked="" type="checkbox"/> no Allowance <input type="checkbox"/> yes <input checked="" type="checkbox"/> no Examiner's Signature <i>[Signature]</i> Initials <i>[Initials]</i>	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 8	<b>TOTAL CLAIMS</b> 29	<b>INDEPENDENT CLAIMS</b> 2
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**ADDRESS**  
63432

**TITLE**  
Method and system for pretreatment of tissue slides

<b>FILING FEE RECEIVED</b> 2582	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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